



STATE OF ARKANSAS

**Department of Finance
and Administration**

EBD

Employee Benefits Division
Post Office Box 15610
Little Rock, AR 72231-5610

Phone: (501) 682-9656 Toll Free: (877) 815-1017 Fax: (501) 682-2366 <http://www.state.ar.us/dfa/ebd>

Notice of Transfer, Termination or Retirement

To Be Completed by the Transferring or Terminating Agency or District

Agency/School: _____ Agency/District#: _____

Employee Name: _____ SS#: _____

Term, Transfer, or Ret Effective Date: _____

Last Day of Insurance Coverage: _____

☐ **Transfer**

From (Agency or School District Name): _____

To (Agency or School District Name): _____

☐ **Termination**

Reason for Termination (check one):

☐ Due to Gross Misconduct

☐ Due to Non-Payment of premiums

☐ Due to Disability

☐ Due to Other: _____

☐ Due to Death: _____ (date of death)

☐ Voluntary Termination

Plans currently enrolled in:

☐ Health Advantage

☐ Blue Cross/Blue Shield

☐ QualChoice

☐ USABLE Life

☐ **Retirement**

Name of Retirement System: _____ Change Date: _____

Signature of Insurance Rep/School Business Official

Date

EBD Office Use Only

Signature of Benefits Specialist

Date

Check List for termination due to death:

☐ Send Death Claim Form

☐ Send Surviving Dependent Packet